7438 MARYLAND STATE DEPARTMENT OF HEALTH 07430

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Charles; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Charles; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf Md. Rural; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) JOSEPHINE (Middle) (Last) BRISCOE

4. DATE OF DEATH: (Month) Aug. (Day) 25 (Year) 1954

5. SEX: F.

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 1886

9. AGE last birthday: 67 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Bean

14. MOTHER'S MAIDEN NAME: Elizabeth Mack

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Louis Briscoe, Waldorf, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebrovascular accident

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Toxic nodular goiter

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Robert C. Douglass M.D. /for A. O. Woodby M.D.

ADDRESS: Ivywood Clinic La Plata, Maryland

DATE SIGNED: August 26, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: Aug. 28, 1954

NAME OF CEMETERY OR CREMATORY: St. Peters

LOCATION (City, town, or county) (State): Waldorf Md.

DATE REC'D BY LOCAL REG.: 8.28.54

REGISTRAR'S SIGNATURE: M. L. Rogers

24. FUNERAL DIRECTOR: Hunt & Ryon

ADDRESS: Waldorf, Md.

RECEIVED
AUG 31 1954
BUREAU V. S.

Item 22 Film G176 2-3-55 ams

07431

7439

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH COUNTY: Charles — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Waldorf
LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: 1608 East West Hi Jnny — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Silver Springs
STREET ADDRESS (If rural, give location): Md.

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) William (Last) Connor
4. DATE OF DEATH (Month) 8 (Day) 3 (Year) 54
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 1-2-25
9. AGE last birthday: 29 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Oil Dist Manager
10b. KIND OF BUSINESS OR INDUSTRY: Schlitz Brewing Co.
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Thomas E Connor
14. MOTHER'S MAIDEN NAME: Anastia Shamgham
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W. II
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Thomas Connor 8101 Hammond Ave Takoma Park Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

9366

Immediate cause (a) Asphyxia — 8-3-54

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Strangulation — 8-3-54

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Hotel
(CITY OR TOWN): Waldorf (COUNTY): Chas (STATE): Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Hanged self c belt

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE: C. Hedden (Degree or title): M.D. ADDRESS: La Plata Md DATE SIGNED: 8-3-54

23. BURIAL, CREMATION REMOVAL (Specify): DATE THEREOF: 8/4/54 NAME OF CEMETERY OR CREMATORY: ✓ LOCATION (City, town, or county): Wash D.C. (State)

DATE REC'D BY LOCAL REG.: 8/6/54 REGISTRAR'S SIGNATURE: M. L. Monroe
24. FUNERAL DIRECTOR: Timothy Hamlon ADDRESS: 3831 Go Ave N.W.

mnt.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 9 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07432

7440

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: CHARLES — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ~~DENTSVILLE~~ X ~~RURAL~~
LENGTH OF STAY (in this place): ~~LIFE~~
HOSPITAL OR INSTITUTION OR STREET ADDRESS: LA PLATA PHYSICIANS MEMORIAL Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: CHARLES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL X DENTSVILLE
STREET ADDRESS (If rural, give location): COOKSEY FARM

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) BRADFORD (Last) COOKSEY

4. DATE OF DEATH: (Month) Aug (Day) 16 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W

8. DATE OF BIRTH: 22 OCT 1882

9. AGE last birthday: 72 yrs.

IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: FARM

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Asa Cooksey

14. MOTHER'S MAIDEN NAME: Hancock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Carlton W Cooksey Spring Hill Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval between Onset and Death
Immediate cause	(a) CEREBRAL VASCULAR ACCIDENT	5 DAYS
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) HYPERTENSION & CARDIAC FAILURE	8 years
DUE TO		
	(c) ARTERIOSCLEROSIS, DIABETES	8 years

260 X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 17 June, 1954, to 16 Aug., 1954 that I last saw the deceased alive on 15 Aug., 1954, and that death occurred at 7:55 A.m., from the causes and on the date stated above.

SIGNATURE: Frederick M. Johnson (DEGREE OR TITLE) M.D. ADDRESS: La Plata Md. DATE SIGNED: 16 Aug 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug 18 1954 — NAME OF CEMETERY OR CREMATORY: Dentsville — LOCATION (City, town, or county) (State): Dentsville Maryland

DATE REC'D BY LOCAL REG.: 8/16/54 — REGISTRAR'S SIGNATURE: Julia H Casey

24. FUNERAL DIRECTOR — ADDRESS: Hewitt & Ryon, Waldorf, Md

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AUG 18 1954
BUREAU V. S.

07433

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7441 **CERTIFICATE OF DEATH** Reg. Dist. No. 105

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pomfret
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pomfret
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Edward (Last) Coombs

4. DATE OF DEATH: (Month) Avg (Day) 28 (Year) 1954

5. SEX M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M | 8. DATE OF BIRTH: Jan. 27 1890 | 9. AGE last birthday: 64 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer | 10b. KIND OF BUSINESS OR INDUSTRY: Farming | 11. BIRTHPLACE (State or foreign country): Charles County | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Walter H. Coombs | 14. MOTHER'S MAIDEN NAME: Mettie F. Monroe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: None | 17. INFORMANT & ADDRESS: Mrs Marion E. Coombs, Pomfret Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 153X

Immediate cause (a) Cancer of Colon — INTERVAL BETWEEN ONSET AND DEATH 6-53

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2, 1953 to 8-26 1954, that I last saw the deceased alive on 26 1954 and that death occurred at 6 P.M., from the causes and on the date stated above.

SIGNATURE C. J. Edelen (DEGREE OR TITLE) M.D. ADDRESS Lab Vale Md DATE SIGNED 8-29-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF Avg 30 1954 | NAME OF CEMETERY OR CREMATORY St Joseph's Cemetery | LOCATION (City, town, or county) Pomfret Md (State)

DATE REG'D BY LOCAL REG. 8/30/54 | REGISTRAR'S SIGNATURE M. L. Monroe | 24. FUNERAL DIRECTOR Hurst & Ryon Waldoy Md ADDRESS

RECEIVED
AUG 31 1954
BUREAU V. S.

7442 MARYLAND STATE DEPARTMENT OF HEALTH 07434

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 105

1. PLACE OF DEATH: COUNTY CHARLES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL WALDORF
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE CHARLES COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WALDORF
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) BENJAMIN (Middle) A. (Last) GOLDSMITH
4. DATE OF DEATH (Month) AUG. (Day) 15 (Year) 1954
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH June 9 1876
9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Charles Co Md
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME unknown
14. MOTHER'S MAIDEN NAME unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. none
17. INFORMANT AND ADDRESS George Goldsmith Waldorf, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X

Immediate cause (a) Cerebral Vascular accident — instant

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS NOT PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frederick M. Johnson (Degree or title) M.D. ADDRESS La Plata, Md. DATE SIGNED 15 Aug 54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/18/54
NAME OF CEMETERY OR CREMATORY St. Marys Cemetery
LOCATION (City, town, or county) (State) Bryantown Md
DATE REC'D BY LOCAL REG. 8/16/58
REGISTRAR'S SIGNATURE M. L. Mourtz
24. FUNERAL DIRECTOR Hunt + Ryan ADDRESS Waldorf, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 19 1954
BUREAU V. S.

7443 MARYLAND STATE DEPARTMENT OF HEALTH 07435

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Philadelphia Pa
STREET ADDRESS (If rural, give location) # 2301 N. Broad st.

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) (Last) Goss
4. DATE OF DEATH (Month) 8 (Day) 2 (Year) 1954
5. SEX M
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S
8. DATE OF BIRTH 9-2-1935
9. AGE last birthday 19 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) N.C
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Elmer Rogers
14. MOTHER'S MAIDEN NAME Lizzie Mae Goss
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Rosa Smallwood

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage 8-2-54

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) auto accident

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY 301 Tri Jersey (CITY OR TOWN) La Plata (COUNTY) Chas (STATE) Md
TIME OF INJURY (Month) 8 (Day) 2 (Year) 54 (Hour) 7A
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto accident 2 cars

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE C. Hedelen (Degree or title) M ADDRESS La Plata Md DATE SIGNED 8-2-54

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 8/3/54
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) Philadelphia, Pa (State)
DATE REC'D BY LOCAL REG 8/2/54
REGISTRAR'S SIGNATURE Julia H Pasey
24. FUNERAL DIRECTOR Hunt & Ryan, Waldorf Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

AUG 4

BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07435

7444 **CERTIFICATE OF DEATH** Reg. Dist. No. 106

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Naval Powder Factory, X
LENGTH OF STAY (in this place) 00
HOSPITAL OR INSTITUTION OR STREET ADDRESS Infirmary, Indian Head, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Rison X
STREET ADDRESS (If rural, give location) Christian Temple

3. NAME OF DECEASED: (Type or Print) (First) Alice (Middle) (Last) GRAY
4. DATE OF DEATH: (Month) August (Day) 21 (Year) 54

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: October 19, 1905
9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: - -
11. BIRTHPLACE (State or foreign country): Indiana
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: UNK
14. MOTHER'S MAIDEN NAME: UNK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) - (If Yes, give war or dates of service) -
16. SOCIAL SECURITY NO.: -
17. INFORMANT & ADDRESS: EARL GRAY RISON, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Cerebro Vascular Accident	8-21-54
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Hypertension	4 yrs.
	DUE TO		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from at death 19.., to ....., 19....., that I last saw the deceased alive on 8 Pm, 19 8-21-54, and that death occurred at 8 Pm m. from the causes and on the date stated above.

SIGNATURE E. Adelen (DEGREE OR TITLE) MD ADDRESS [illegible] DATE SIGNED 8-21-54

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify): DATE THEREOF Aug 24, 1954 NAME OF CEMETERY OR CREMATORY Pleasant Grove LOCATION (City, town, or county) Marbury (State) Md

DATE REC'D BY LOCAL REG. 8-24-54 REGISTRAR'S SIGNATURE ~~M. L. [illegible]~~ Mrs. Odey Price mmb
24. FUNERAL DIRECTOR Huntt & Ryon ADDRESS Waldorf, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
AUG 26 1954
BUREAU V. C

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07437

7445 **CERTIFICATE OF DEATH**

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Newburg
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Newburg Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Rebecca (Middle) (Last) Green

4. DATE OF DEATH: (Month) Aug. (Day) 17, (Year) 1954

5. SEX: F.
6. COLOR OR RACE: C.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: July 29 1893
9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months | Days IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Charles Co.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Wheeler
14. MOTHER'S MAIDEN NAME: Josephine Simms

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Frank Green, Newburg, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death: 2 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to Aug 17, 1954, that I last saw the deceased alive on July 16 1954, and that death occurred at ..., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ernest Spencer J. MD
ADDRESS Bel Alton Md
DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Aug. 21 1954
NAME OF CEMETERY OR CREMATORY: Shilo M. E.
LOCATION (City, town, or county) (State): Newburg Md.

DATE REC'D BY LOCAL REGISTRAR: 8/19/54
REGISTRAR'S SIGNATURE: Julia H. Pasey
24. FUNERAL DIRECTOR: Huntt & Ryon, Waldorf, Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

AUG
BUREAU V. S.

07438

MARYLAND STATE DEPARTMENT OF HEALTH

7446 CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Va COUNTY King George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dahlgren
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) James (Middle) B (Last) Patterson
4. DATE OF DEATH: (Month) 8 (Day) 5 (Year) 1954
5. SEX: M
6. COLOR OR RACE: W
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH: Feb 14 1916
9. AGE last birthday: 38 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ordnance Engineering
10b. KIND OF BUSINESS OR INDUSTRY: U S Govt
11. BIRTHPLACE (State or foreign country): Lynchburg Va
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: James M Patterson
14. MOTHER'S MAIDEN NAME: Helen Woodward
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) [illegible]
16. SOCIAL SECURITY No.: —
17. INFORMANT AND ADDRESS: Jimmie Patterson Dahlgren Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Rushed Chest — INTERVAL BETWEEN ONSET AND DEATH: 8-5-54

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway 301 (CITY OR TOWN) La Plata (COUNTY) Chas (STATE) Md
TIME OF INJURY (Month) 8 (Day) 5 (Year) 54 (Hour) 1:30 m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Head on Car collision Driver

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: [illegible] (Degree or title) [illegible] ADDRESS: La Plata Md DATE SIGNED: 8-5-54

23. BURIAL, CREMATION REMOVAL (Specify) — DATE THEREOF: Aug 5, 1954 — NAME OF CEMETERY OR CREMATORY: — LOCATION (City, town, or county): Ninde (State) Va

DATE REC'D BY LOCAL REG.: 8/7/54 — REGISTRAR'S SIGNATURE: Julia H Posey — 24. FUNERAL DIRECTOR: Hunt & Ryon ADDRESS: Wood of Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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AUG 10 19[illegible]
BUREAU V. S.

07439

MARYLAND STATE DEPARTMENT OF HEALTH

7447

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Benedict
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Va COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R F D 2 Box 92
STREET ADDRESS (If rural, give location) Vienna, Virginia

3. NAME OF DECEASED (Type or Print) (First) Warren (Middle) Jackson (Last) Riley
4. DATE OF DEATH (Month) Aug. (Day) 1 (Year) 1954
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb 19-1925
9. AGE last birthday 29 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ex Surgeon
10b. KIND OF BUSINESS OR INDUSTRY U.S. Govt.
11. BIRTHPLACE (State or foreign country) Amissville Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Warren Riley
14. MOTHER'S MAIDEN NAME Maggie Menizeio
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) World War
16. SOCIAL SECURITY No. 577-28-4347
17. INFORMANT AND ADDRESS George L. Drury Jr. Vienna Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH 8-1-54

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office, bldg., etc.) Patuxent River (CITY OR TOWN) Benedict (COUNTY) Chas (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection ✓, Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident ✓, suicide , homicide , undetermined*

SIGNATURE [illegible] (Degree or title) M.D. ADDRESS [illegible] Md DATE SIGNED 8-2-54

23. BURIAL, CREMATION REMOVAL (Specify) [illegible] DATE THEREOF Aug. 4, 1954 NAME OF CEMETERY OR CREMATORY National Mem. Park LOCATION (City, town, or county) Falls Church (State) Va.

DATE REC'D BY LOCAL REG. 8.3.54 8/4/54 REGISTRAR'S SIGNATURE M. L. Morris Julia H Pasey
24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible] Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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07440

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7448

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Alton
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS BEL ALTON

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BEL ALTON
STREET ADDRESS (If rural, give location) BEL ALTON

3. NAME OF DECEASED: (Type or Print) (First) ERNest (Middle) (Last) SPENCER JR
4. DATE OF DEATH: (Month) 8 (Day) 23 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: Dec 13-04
9. AGE last birthday: 49 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): M.D
10b. KIND OF BUSINESS OR INDUSTRY: PHYSICIAN
11. BIRTHPLACE (State or foreign country): BEL ALTON MD
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: ERNest SPENCER
14. MOTHER'S MAIDEN NAME: LAURA VIRGINIA STEINACKER (SISTER)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 1942
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: MADELINE R. SPENCER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 540.0

Immediate cause (a) HEMORRHAGE OF STOMACH — INTERVAL BETWEEN ONSET AND DEATH 8-23-54

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Ulcer OF STOMACH

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-23 to 54, 19....., that I last saw the deceased alive on 8-23, 1954 and that death occurred at 9:34 p.m., from the causes and on the date stated above.

SIGNATURE J. Fedelen M.D (DEGREE OR TITLE) ADDRESS La Plata Md DATE SIGNED 8-23-54

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF AUG. 26/54
NAME OF CEMETERY OR CREMATORY LOUDON PARK
LOCATION (City, town, or county) (State) BALTO. MD.

DATE REC'D BY LOCAL REG. 8-26-54
REGISTRAR'S SIGNATURE A W Hodges
24. FUNERAL DIRECTOR Harry H. Nitzke ADDRESS 4101 EDMONDSON AVE.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

7449 MARYLAND STATE DEPARTMENT OF HEALTH 07441

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Sayside
LENGTH OF STAY (in this place) 2 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md. COUNTY Chas.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sayside
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Tollie (Middle) (Last) THOMPSON
4. DATE OF DEATH (Month) 8 (Day) 5 (Year) 1954
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH 1883
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Unknown ~~Wilmer~~ Thompson
14. MOTHER'S MAIDEN NAME Unk.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Wilmer Thompson Wayside Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 5-5-54

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) sudden

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE C. J. Adelen (Degree or title) MD. ADDRESS La Plata Md DATE SIGNED 8-5-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 7 1954
NAME OF CEMETERY OR CREMATORY Holy Ghost Cemetery
LOCATION (City, town, or county) Bel Alton Md (State)
DATE REC'D BY LOCAL REG. 8/6/54
REGISTRAR'S SIGNATURE Julia H Casey
24. FUNERAL DIRECTOR Hunt & Ryan Waldorf ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 9 1954
BUREAU V. S.